Independent Review Board

STATE OF WISCONSIN

MINUTES OF THE MEETING OF JULY 18, 2003

Attendance

Board Members: Chair Dr. Jay Gold; Eileen Mallow; Jerry Popowski; and Dr. David Zimmerman. Absent: Vice-Chair Dr. Paul Millea.

BHI Staff: John Chapin, Director; Sandra Mahkorn, M.D.; Martha Davis, Chief, Workforce and Provider Survey Section; Judith Nugent, Chief, Person-Level Data and Analysis Section; Richard Miller, Wen-Jan Tuan, and David Woldseth.

Others Present: Cindy Helstad, Wisconsin Medical Society; and Barbara Rudolph.

Call to Order

Dr. Gold called the meeting to order at 10:01 a.m. A quorum was deemed present.

Minutes of the March 28, 2003 meeting

Dr. Gold referred Board members to the minutes of the March 28, 2003, meeting. There were no comments or questions. Eileen Mallow moved to approve the minutes, and the motion was seconded. Board members voted unanimously for approval.

Update on progress of health care data workgroup

The Board chose to delay discussion until Gary Radloff arrived.

Physician Office Visit (POV) data collection project update

Judith Nugent reported that the first quarter data is nearly complete since only 518 physicians still need to report. Ms. Nugent and Wen-Jan Tuan distributed a draft of the *Physician Office Visit Public Use Data Guide*. This is a very early working draft, and they presented it so the Board could decide what role, if any, it wants to play. Part i of Section 3.2 affects the IRB most. Dr. Gold asked what type of feedback is requested from the IRB, and Ms. Nugent asked them to tell DHFS if the draft is on the right track. Dr. Gold asked that all comments to the draft be sent to David Woldseth before the next meeting. Mr. Woldseth will compile and distribute the comments to the Board. John Chapin asked the Board to make determinations about style and sophistication—is the information too little, too much, or just right? Dr. Zimmerman would like information regarding risk adjustment to be included.

POV Data Quality Report update

Richard Miller reported he received good comments about the draft report done in February. Since then, the Bureau has collected data for two more quarters. The quality report will be left as a draft

since much has happened since then. DHFS will release the data and documentation. Mr. Chapin warned that DHFS needs to be careful about the data BHI collects. Due to shrinking resources, DHFS may need to carve off what does not absolutely need to be done and may need to concentrate on high-priority items.

Available risk adjustment strategies

Dr. Zimmerman gave a presentation on risk adjustment strategies. He stated that an enormous amount of work has already been done regarding this, and he distributed copies of a Power Point presentation entitled, "Physician Data Adjustment Panel" from December 14, 1999, and a summary of issues and suggested next steps. The Power Point presentation was a subset of a larger document.

The two critical issues are: "Should the IRB consider general risk adjustment policies and procedures on an *a priori* basis, or should it analyze the first set of custom requests and decide the risk adjustment issues on the basis of the merits of the individual request; and then analyze the requests for patterns to help determine general policies and procedures going forward?" and "How should the IRB proceed with respect to its authority and relationship with DHFS and the Board on Health Care Information concerning risk adjustment methods?" Dr. Zimmerman stated that the second issue was complicated by the lack of clarity as to what IRB's role is on risk adjustment.

There are three major factors at work: DHFS's experience, the IRB, and the Board on Health Care Information (BHCI). Also, there are differences between custom data requests and public reports. Dr. Zimmerman stated that, under #3 of Suggested Next Steps, that rather than simulate the process, it could be pilot-tested. Ms. Nugent reported that DHFS has a proprietary contract that permits seven reports; however, the Bureau does not have the staff with strong expertise to do the risk adjustment studies. There are not very many commercial products available to do risk adjustment studies, and the Bureau only receives one or two requests for risk-adjusted data a year. If we do not use our proprietary contract, then what should be done? Ms. Nugent wishes we had a ready product, but whatever the Bureau would be able to offer would be homegrown. According to Mr. Miller, other states such as Maine, Maryland and Pennsylvania have tried this, but they are not very far along either. Mr. Chapin cautioned that the 1999 Power Point presentation might not have ever been officially approved by DHFS, so some of the policies and points could still be vague. He also stated that since Jerry Popowski is a member of both boards that he might be a better liaison between the two boards.

It was suggested that the next meeting include a discussion on risk adjustment and possible passage of a resolution.

Procedure for receiving requests

Dr. Zimmerman asked if the IRB needed to take action on this. He wondered if a framework and plan would be ready for the next meeting. He provided a flow chart that shows how the IRB is involved. Dr. Gold said that no action needs to be taken at this time, and Ms. Nugent talked about the provision of data and the signing of data use agreements.

Update on progress of health care data workgroup

The IRB had chosen to delay discussion until Mr. Radloff arrived. He continued to be detained by another meeting, so Mr. Chapin gave the update. Mr. Chapin reported the workgroup had their meetings, but many decisions were held in abeyance until more is known about the future of data collection. The POV subcommittee considered two major charges: First, if DHFS had a blank sheet, how would it do POV? Second, along with the Wisconsin Medical Society and others, what are the

options and perspectives? The subcommittee did not achieve any conceptual or organizational consensus on these issues, and closure was not achieved.

The subcommittee also did not address governance issues; it simply reported back to the larger committee. Cindy Helstad from the Wisconsin Medical Society worked on the group's efforts, and she felt the meetings were worthwhile and cathartic. Mr. Chapin distributed a matrix of who collects the data and how it is collected. The document was just a draft, and it did not reflect the consensus of the workgroup. Dr. Gold asked how the workgroup effort affected the IRB, and Mr. Chapin explained that the workgroup met in an uncertain political environment. He hopes that the issues will be more technical after the environment resolves some. There will be a need to have BHCI and IRB involvement if the process does move into technical elements. Therefore, a motion was offered by Dr. Zimmerman as follows: "The Independent Review Board recommends that if the workgroup reconstitutes to address issues, the Board wishes to be part of the process. At the very least, the Board asks that they be included for communication purposes." Ms. Mallow seconded the motion, and the motion passed unanimously. This will need to be communicated to whoever leads the next effort and to the Secretary of DHFS by Mr. Chapin.

Dr. Gold asked that it be noted in the minutes that he was disappointed that Mr. Radloff did not attend the meeting. Mr. Chapin explained the conflict in Mr. Radloff's schedule.

Items for upcoming IRB meeting

- Set meeting dates for 2004.

Next IRB meeting

The next meeting is scheduled for September 26, 2003, 10:00 a.m. to 12:00 p.m. at the State Office Building, 1 West Wilson Street, Conference Room 372, Madison, Wisconsin.

Adjournment

Dr. Gold adjourned the meeting at 11:33 a.m.